**CMMPO Transportation Improvement Program (TIP)**

**Community Application for Design Funding**

|  |  |
| --- | --- |
| 1. **Date of Application:** |  |
| 1. **Name of Community:** |  |
| 1. **Primary Contact Person:** |  |
| 1. **Email Address & Phone Number:** |  |
| 1. **Secondary Contact Person (if any):** |  |
| 1. **Email Address & Phone Number:** |  |

1. Project Name

|  |
| --- |
|  |

1. Has your community already hired a design consultant for the project? *To be eligible for the available design funds, a* [*MassDOT-approved A/E consultant*](https://www.mass.gov/how-to/find-a-prequalified-architectural-and-engineering-firm) *must be selected by the host community through a qualifications-based selection (QBS) process following the award of any design funding (see attached guidance summary for more information). If a designer has already been procured, please indicate in your response whether a QBS process took place. If not, please comment on whether your community has performed a QBS process in the past.*

|  |
| --- |
|  |

1. As required, has the proposed transportation improvement project been approved by the MassDOT Project Review Committee (PRC)? If yes, please provide the date of approval. If not, has the corresponding MassDOT District office provided an indication of when this is expected to happen?

|  |
| --- |
|  |

1. PRC-assigned Project ID# and Approval Date

|  |
| --- |
|  |

1. In the space provided, please provide a detailed description of the proposed project. Be sure to include the proposed scope of work.

|  |
| --- |
|  |

1. Estimated Total Project Construction Cost

|  |
| --- |
|  |

1. As required, will your community have the ability to provide the necessary leveraging 20% local match? *The available federal design funding will only cover 80% of incurred design costs.*

|  |
| --- |
|  |

1. What is the amount of Design Funding your community is requesting? *Be aware that the maximum allowable amount is $1 million. If the total cost of design exceeds $1 million, please address how the remainder of design costs could be paid for.*

|  |
| --- |
|  |

1. As required, the Select Board/City Council of the host community must indicate the intent to complete both the necessary design and eventual construction or implementation of the proposed transportation improvement project. As such, please attach a signed letter indicating community support for the duration of the proposed effort to this application. (please indicate if a support letter is attached)

|  |
| --- |
|  |

1. The design funding policy is considered a one-time award. As such, please indicate the host community’s commitment to fund any other additional design costs that may be incurred to complete the design if necessary.

|  |
| --- |
|  |

1. Is the proposed project located within a Transportation Disadvantaged area (low income, minority, 65+, LEP, zero vehicle households, disability)?

|  |
| --- |
|  |

1. Has your community applied for TIP funding for a local transportation improvement project within the last 10 years? If yes, please indicate the project location, type of project as well as the year.

|  |
| --- |
|  |

1. If your community was not awarded federal-aid design funding, would your community still actively pursue TIP programming for construction while paying for the entire design cost?

|  |
| --- |
|  |